

## **SERVICE CONTRACT PROVIDER APPLICATION CHECKLIST**

### **Application:**

- \_\_\_\_\_ Did you attach the \$300 initial application fee?  
\_\_\_\_\_ Did you complete the 3 page Provider Application properly?
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### **Reimbursement Insurance Policy:**

- \_\_\_\_\_ Did you enclose a copy of your reimbursement policy?
- \_\_\_\_\_ Is the carrier authorized in the State of Utah?
- \_\_\_\_\_ Is the provider name listed as the named insured?
- \_\_\_\_\_ Does your Reimbursement Insurance Policy contain a statement similar to this as required by Utah Code Ann. §31A-6a-107, *"May not reduce the issuer's responsibility for service contracts issued by providers prior to the date of the cancellation."*
- \_\_\_\_\_ Does the reimbursement policy contain a condition that the commissioner will be notified upon cancellation of the reimbursement policy per Utah Code Ann. §31A-6a-107?
- \_\_\_\_\_ Does your Reimbursement Policy contain a statement similar to this, as required by Utah Code Ann. §31A-6a-104(1), *"Upon failure of the provider to perform under the contract, the issuer of the policy shall pay, on behalf, of the provider any sums the provider is legally obligated to pay or shall provide the service which the provider is legally obligated to perform, according to the provider's contractual obligations under the service contracts issued or sold by the provider."*
- \_\_\_\_\_ Does the reimbursement policy comply with the cancellation provisions of Utah Code Ann. §31A-21-303?
- \_\_\_\_\_ The State of Utah does not allow for variable information or information in brackets.

**If your Reimbursement Policy does not contain these required clauses your application will be denied.**